

**DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE
PURCHASE INFORMATION**

**Teachers' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov**

Under the provisions of Act 2008-385, an active and contributing member of the Teachers' Retirement System (TRS) with a minimum of 10 years of service credit under the Retirement Systems may purchase Department of Defense Dependent School Service (DODDSS).

The cost for this service is calculated on the actuarial value of this service, which is based on your age, average salary, total service at the time of purchase, and the time remaining until your earliest retirement eligibility date. Your purchase will be audited after the close of the scholastic year in which the purchase is made. Any necessary adjustments will be made based on any changes in the actuarial values used in the calculation.

DODDSS purchased under this Act cannot be used in determining your out-of-pocket cost for health insurance with the Public Education Employees' Health Insurance Plan (PEEHIP). Nor can it be used to qualify for PEEHIP insurance eligibility if you are otherwise not eligible. Purchasing this credit may allow you to retire sooner, but it may not qualify you to continue PEEHIP coverage.

If you desire to purchase DODDSS, please have the National Personnel Records Center provide certification of your service on the attached CERTIFICATION OF DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE form. The National Personnel Records Center will forward the form to the Office of Personnel Management. Also complete and return the attached STATEMENT OF DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE. Upon receipt of the necessary documentation, the TRS will notify you of the amount to remit to purchase this service.

If you are in receipt of or entitled to a retirement benefit based on this service, you are not eligible to purchase this service.

National Personnel Records Center
Civilian Personnel Records
111 Winnebago Street
St. Louis, Missouri 63118-4126

Office of Personnel Management
Retirement & Insurance Programs
Employee Service and Records Center
Boyers, Pennsylvania 16067

STATEMENT OF DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE

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The following information must be provided in order to determine your eligibility to purchase this service. Please attach original or copies of supporting documents which set forth the date of claimed service. Return completed form to the address above.

PART I MEMBER INFORMATION

Name: _____
First Middle/Maiden Last

Social Security No.: _____ - - Date of Birth: ____/____/____

Home Phone No.: (____) _____

Address: _____
Street Address or P. O. Box

City State Zip

I certify that I am receiving the following benefits for my Department of Defense Dependent School Service:

- ☐ No benefit.
- ☐ Service retirement benefit from Civil Service or the Department of Defense.
- ☐ Disability retirement from Civil Service of the Department of Defense.
- ☐ A retirement benefit from any other entity based in whole or in part on this service.

Signature of Member _____ Date _____

PART II NOTARY STATEMENT

STATE OF _____, COUNTY OF _____

On this the _____ day of _____, 20____, personally appeared before me the said named

_____ who executed the foregoing instrument, and he/she executed the same and being duly sworn by me, made oath that the statements in the application are true.

(Seal)

Signature of Notary Public _____

My Commission Expires _____

CERTIFICATION OF DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE

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PART I is to be completed by a certifying official of the National Personnel Records Center, Civilian Personnel Records, 111 Winnebago St., St. Louis, Missouri, 63118-4126.

PART II is to be completed by an official of the Office of Personnel Management, Retirement and Insurance Programs, Employee Service and Records Center, Boyers, Pennsylvania 16067.

MEMBER INFORMATION

Name: _____
First Middle/Maiden Last

Social Security No.: _____ - - Date of Birth: _____ / _____ / _____

Home Phone No.: (_____) _____

Address: _____
Street Address or P. O. Box

_____ City State Zip

I hereby request and authorize the release of the information requested on this form and any information necessary in establishing my claim for Department of Defense Dependent School Service.

Signature of Member _____ Date _____

PART I (To be completed by an official of the National Personnel Records Center)

Please list by scholastic or fiscal year.

Name of Employing Unit	Number of Months Service	Terms of Service						Length of Contract Year
		From			To			
		Mo	Day	Yr	Mo	Day	Yr	

Did the member receive credit for this service under **any** supplemental retirement or pension plan, including but not limited to TIAA-CREFF, which was funded wholly or partly from public funds, other than Social Security? ☐ Yes ☐ No

If yes, please list the names:

_____, _____, _____
Signature of Certifying Official Title Date

After completing Part I of this form, please forward it to the Office of Personnel Management for completion of Part II.

PART II (To be completed by an official of the Office of Personnel Management)

The person named on the front of this form is an active member of the Retirement Systems of Alabama and wishes to establish credit for his Department of Defense Dependent School Service as reported on the front of this form. Alabama law does not permit the purchase of Department of Defense Dependent School service credit by members who at the time of retirement have credit for or are entitled to any benefits whatsoever for the same service under any other retirement or pension plan except Social Security. Therefore, to assist us in helping this member establish his Department of Defense Dependent School service, please check the appropriate answers to the questions below regarding membership with your system. Your assistance is greatly appreciated.

1. Did this person establish credit for the service listed on the front side of this form with your retirement system?

☐ Yes ☐ No

2. Is the member receiving or entitled to receive a benefit from your system based on this service?

☐ Yes ☐ No

3. If the member does not return to government service, will he be able to receive a benefit from your system?

☐ Yes ☐ No

If yes, when will the member be eligible to begin drawing the benefit? / /
Month Day Year

Signature

Title

Name of Retirement System

Date

Please return this to the address on the front of this form.